****

**“**第6期特种设备焊接工程师培训班**”**

报名回执表

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| 单位名称 |  | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | |
| 联 系 人 |  | | | 电话 |  | | | 电子邮箱 |  | | |
| 学 员  姓 名 | 性 别 | | 职 务  或职称 | | 联系电话 | | | 电子邮箱 | | | 部门 |
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| **参加培训方式** | | **现场培训** | | | |  | **远程视频培训** | | |  | |

**注：在所选培训方式后面打√。**